

RESPONSE REPORT/Chicago Police Department

1. INCIDENT	2. TIME	3. ADDRESS OF OCCURRENCE	4. LOCATION CODE	5. BEAT/OCCUR																																																		
2011	23:27:00		289	2532																																																		
6. LAST NAME	7. FIRST NAME	8. STAR NO	9. SEX	10. RACE CODE																																																		
HERRERA	HORACIO	8834	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	S																																																		
11. AGE	12. HT.	13. WT.	14. MEMBER INJURED?	15. MEMBER IN UNIFORM?																																																		
	511	185	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																		
16. EMPLOYEE NO.	17. UNIT & BEAT OF ASSIGNMENT	18. DUTY STATUS	19. RACE	20. D.O.B.																																																		
	025 2532R	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	BLK																																																			
21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. HT.																																																		
		<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		510																																																		
26. TELEPHONE NO.	27. WAS SUBJECT ARMED/FEET, HANDS/FISTS	28. SUBJECT INJURED?	29. SUBJECT ALLEGED INJURY?																																																			
	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																			
30. MEDICAL TREATMENT OBTAINED?	31. BY WHOM?	32. CONDITION	33. CB NO.	34. IR NO.																																																		
		<input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid																																																				
<table border="1"> <thead> <tr> <th>PASSIVE REGISTER</th> <th>ACTIVE REGISTER</th> <th>ASSAULT: ASSAULT</th> <th>ASSAULT: BATTERY</th> <th>ASSAULT: DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td>1. FOLLOW DIRECTION <input checked="" type="checkbox"/></td> <td>1. PLED <input type="checkbox"/></td> <td>1. IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/></td> <td>1. ATTACK WITH WEAPON <input type="checkbox"/></td> <td>1. USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/></td> </tr> <tr> <td>2. WEIGHT <input checked="" type="checkbox"/></td> <td>2. PULLED AWAY <input checked="" type="checkbox"/></td> <td>2. OTHER <input type="checkbox"/></td> <td>2. ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/></td> <td>2. WEAPON <input type="checkbox"/></td> </tr> <tr> <td>3. OTHER PRESENCE <input checked="" type="checkbox"/></td> <td>3. OPEN HAND STRIKE <input checked="" type="checkbox"/></td> <td>3. ELBOW STRIKE <input type="checkbox"/></td> <td>3. KNEE STRIKE <input type="checkbox"/></td> <td>3. FIREARM <input type="checkbox"/></td> </tr> <tr> <td>4. TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/></td> <td>4. OC CHEMICAL WEAPON <input type="checkbox"/></td> <td>4. CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/></td> <td>4. KICKS <input type="checkbox"/></td> <td>4. OTHER <input type="checkbox"/></td> </tr> <tr> <td>5. LOCK <input checked="" type="checkbox"/></td> <td>5. TASER (Probe Discharge) <input checked="" type="checkbox"/></td> <td>5. IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/></td> <td>5. IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/></td> <td></td> </tr> <tr> <td>6. SENSITIVE AREAS <input checked="" type="checkbox"/></td> <td>6. TASER (Contact Stun) <input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7. TOOL INSTRUMENT <input type="checkbox"/></td> <td>7. TASER (Lower Targeted) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8. CHEMICAL WEAPON <input type="checkbox"/></td> <td>8. TASER (Spark Displayed) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9. AUTHORIZATION <input type="checkbox"/></td> <td>9. OTHER <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					PASSIVE REGISTER	ACTIVE REGISTER	ASSAULT: ASSAULT	ASSAULT: BATTERY	ASSAULT: DEADLY FORCE	1. FOLLOW DIRECTION <input checked="" type="checkbox"/>	1. PLED <input type="checkbox"/>	1. IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	1. ATTACK WITH WEAPON <input type="checkbox"/>	1. USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	2. WEIGHT <input checked="" type="checkbox"/>	2. PULLED AWAY <input checked="" type="checkbox"/>	2. OTHER <input type="checkbox"/>	2. ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	2. WEAPON <input type="checkbox"/>	3. OTHER PRESENCE <input checked="" type="checkbox"/>	3. OPEN HAND STRIKE <input checked="" type="checkbox"/>	3. ELBOW STRIKE <input type="checkbox"/>	3. KNEE STRIKE <input type="checkbox"/>	3. FIREARM <input type="checkbox"/>	4. TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>	4. OC CHEMICAL WEAPON <input type="checkbox"/>	4. CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>	4. KICKS <input type="checkbox"/>	4. OTHER <input type="checkbox"/>	5. LOCK <input checked="" type="checkbox"/>	5. TASER (Probe Discharge) <input checked="" type="checkbox"/>	5. IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	5. IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		6. SENSITIVE AREAS <input checked="" type="checkbox"/>	6. TASER (Contact Stun) <input checked="" type="checkbox"/>				7. TOOL INSTRUMENT <input type="checkbox"/>	7. TASER (Lower Targeted) <input type="checkbox"/>				8. CHEMICAL WEAPON <input type="checkbox"/>	8. TASER (Spark Displayed) <input type="checkbox"/>				9. AUTHORIZATION <input type="checkbox"/>	9. OTHER <input type="checkbox"/>			
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35. WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION																																																				
STAR NO.		UNIT																																																				
<input type="checkbox"/> 04 SEM-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial 44. WEATHER CONDITIONS CLEAR																																																				
45. MAKE/MANUFACTURER		46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE																																																		
50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.																																																		
X00-234627																																																						
54. PROPERTY INVENTORY NO		55. TYPE OF AMMUNITION USED	56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	57. TOTAL NO. OF SHOTS MEMBER FIRED																																																		
			1																																																			
58. FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY)		59. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	60. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	61. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)																																																		
62. OFFENDER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		63. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																																																				
64. MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																				
66. EFFECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED																																																				
		<input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT																																																				
68. STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																				
70. INS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		71. INS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OF COMMAND <input type="checkbox"/> DET. DIV.																																																				
Ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																																						
72. MEMBER (Print Name)		73. STAR/EMPLOYEE NO.	74. SIGNATURE																																																			
HORACIO		8834																																																				
75. DATE/TIME		76. SUPERVISOR (Print Name)																																																				
11 01:17:12		ANDREW M																																																				
77. SUPERVISOR (Print Name)		78. STAR NO.	79. SIGNATURE	80. DATE REVIEWED																																																		
		2026		13-NOV-2011 01:23:23																																																		

WATCH COMMANDER/OCIC REVIEW

OFFICER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE
THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

OFFICER WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT
OR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE
THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM
DESCRIBED HERE IN 1 OR 2.

MENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

given Miranda warnings, indicated he understood these warnings and subsequently refused to give a statement to R/Capt.

OFFICER/OCIC RATIONALE FOR BOX 77 FINDING

My determination of the undersigned, based on the facts available at this time, that Officer Herrera acted within the guidelines and Department
with an Assailant who was attempting to defeat his being taken into custody, and cause harm to the arresting officers.

Taser deployment requires CL# from IPRA

0010hrs, via Ops Command, Chiba #7303. CL# 1049967 obtained

OFFICER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

CONCLUDED THAT THE MEMBER'S ACTIONS
CONFORMANCE WITH DEPARTMENT
AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO, 1049967 OBTAINED

OFFICER/OCIC (Print Name)

OFFICER, RONALD A

SIGNATURE

DATE COMPLETED

TIME

13-NOV-2011 01:26:32

ORIGINAL TRR:

SENDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

COPIES OF

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR# THIS EVENT No.

REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

2

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)